

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 188

Registered No. 505

## 1. PLACE OF BIRTH

County GilaState Arizona

District or Township

or Village Route 1 - Globe - Ariz.City MiamiNo. Central HeightsSt. Ward 

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

If child is not yet named, make supplemental report, as directed.

2. Full name of child Carson Royce Stanneart

## 3. Sex of Child

To be answered ONLY  
in event of plural  
births.Male

## 4. Twin, triplet or other.

## 5. No., in order of birth.

## 6. Legitimate?

## 7. Date

of birth

Month

Day

Year

Aug. 25, 1930.

## 8.

## FATHER

Full name Samuel Stanneart

## 9. Residence

(Usual place of abode)

If non-resident, give place and state.

Central Heights

## 10. Color or race

Cauc.11. Age at last birthday 38 (Years)

## 12. Birthplace (city or place)

(State or country)

OttawaKansas13. Occupation Acetylene WelderNature of Industry mining

## 14.

## MOTHER

Full maiden name Ada Leader

## 15. Residence

(Usual place of abode)

If non-resident, give place and state.

Central Heights

## 16. Color or race

Cauc.17. Age at last birthday 27 (Years)

## 18. Birthplace (city or place)

(State or country)

SenecaMo.

## 19. Occupation

Nature of Industry Housewife

## 20. Number of children of this mother.

(Taken as of time of birth of child herein  
certified and including this child.) 3(a) Born alive and now living 2(b) Born alive but now dead 1(c) Stillborn 021. Were precautions taken against oph-  
themia neonatorum? Yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 1 A. m. on the date above stated.  
(Born alive or stillborn)\*When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return. A stillborn  
child is one that neither breathes nor  
shows other evidence of life after birth.Signature Cyril M. Brown

(Physician or midwife)

Given name added from  
a supplemental report.

Month, day, year

Address Miami, ArizonaFiled Aug 30 30Registrar C. E. Finn

Registrar

323-825-139

To be made at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.